



NOTICE OF CHANGE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

FOSTER CARE

SFN 45 (9-2004)

Name of Child	CCWIPS Number
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CHANGE IN PLACEMENT

Name of New Foster/Group Home			Date of Change
Address	City	State	Zip Code

CHANGE IN PARENTS STATUS

1.	The child's parents are now living together in the home from which the child was removed.		
	Are either of the parents disabled? No Yes-List Disability		
	Does the disabled parent receive disability income? No Yes-List Amount Type		
	Are either of the child's parents unemployed? No Yes		
2.	Are either of the child's parents now working? No Yes		
	Name of Employer		Amount of Earnings
3.	Child's parents have moved.		
	New Address	City	State Zip Code
4.	The child's parents are no longer living together in the home from which the child was removed.		

CHANGE IN CHILD'S FINANCIAL SITUATION

1. INCOME	
The child no longer has the following type of income:	Amount of Income
The child now has the following type of income:	Amount of Income
2. ASSETS	
The child no longer has the following type of asset:	Amount of Asset
The child now has the following type of asset:	Amount of Asset

CLOSING FOSTER CARE

Date Child Left Foster Care
Reason Child Left

Name of Social Worker	Date
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